Approved for use through 7/31/2006, OMB 0651-0032
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to a collection of information unless it displays a valid OMB control number.

	PATE	NT APPLICA	CHON F	for Form PTO-	MINATION 875	RECORD		09	278	761_
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR F	OTHER THAN OR SMALL ENTITY	
	FOR NUMBER FILED NUMBER EXTRA				EXTRA	RATE	FEE		RATE	FEE
ASIC FEE 17 CFR 1.16(a))				L	<u></u>	OR		<u> </u>		
OTAL CLAIMS 17 CFR 1.16(c) minus 20 =				x s=		OR	x s=			
IDEI	ENDENT CLAIM	s	minus 3 =			x \$=		OR	x s=	
WOLK CHOOM					+: =		OR	+\$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  If the difference in column 1 is less than zero, enter 'V' in column 2.						TOTAL		OR	TOTAL	
lf th					•	•		-	. –	
CLAIMS AS AMENDED - PART II								OR	OTHER	THAN
5'-	1-05	(Column 1)		(Column 2)	(Column 3)	SMALLE	NTITY	UK 1 1	SMALL E	NTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOL TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.36	Minus	" 44	-	x \$=		OR	x \$=	
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	12	Minus	<i>j4</i>	-	x \$=		OR	x s=	
		ATTOM OF MILETINE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$=		OR	+s=	- 1
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_	,—————	<u> </u>
늘		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total	4	Minus	**	=	x \$=		<b>O</b> R	x s=	
AMENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+ \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM (J. G. V. W. C.)						TOTAL ADO'L FEE	<u> </u>	OR	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)		<u> </u>	_		
,		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAI FEE
FNAMONA	Total	• AMENDMENT	Minus	**	= .	x \$=		OR	× s=	ļ
	(37 CFR 1.16(d)) Independent (37 CFR 1.16(b))	<del> </del>	Minus	***	=	x \$=		OR	x \$=	<del> </del>
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+, =		OR	+ \$=	<u> </u>
AME	CIDET DOCCC	ITATION OF MILL TIP	LE DEPENT	XENT CLAIM (3/1	CER 1.10(0))	+ \$   =				

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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